UNIFIED CARRIER REGISTRATION FORM - Year 2007

To register online go to $\underline{WWW.UCR.IN.GOV}$

SECTION 1. GENERAL INFORMATION										
USDOT Number	T Number MC or MX Number FF Numbe			Telephone Number			Fax Num			ber
Legal Name				E-Mail Address						
Doing Business Under The Following Name (DBA)										
Principal Place (W. Rusinger Street Address (See Instructions)										
Principal Place Of Business Street Address (See Instructions)										
Principal Business City			Pri	Principal Business State						
Mailing Street Address		I								
Mailing City			Ma	Mailing State					Cip Code	
SECTION 2. CLASS	All That An	Annly								
Motor Carrier	Motor Priv			<i>pty</i> □ Bro	lean	Пт	onging	Company	Пт	Freight Forwarder
								Company		reight Forwarder
SECTION 3. FEES DUE-BROKERS, FREIGHT FORWARDERS AND LEASING COMPANIES ONLY Note: If your company is also a motor carrier or motor private carrier, skip this section and go to section 4.										
Brokers, freight forwarders and leasing companies (not a motor carrier combination), please submit the amount due of										
\$ 39.00 in the form of a credit card, Check, Cash or Money Order payable toand go to Section 7.										
SECTION 4. NO. OF MOTOR VEHICLES- MOTOR CARRIER & MOTOR PRIVATE CARRIER										
Check only one box:										
The number of vehicles shown below have been taken from section 26 of your last reported MCS-150 form. The number of vehicles shown below is the total number owned and energed for the 12 month period and ing June 30.										
The number of vehicles shown below is the total number owned and operated for the 12-month period ending June 30. NUMBER OF STRAIGHT TRUCKS NUMBER OF MOTOR COACHES,										
NUMBER OF STRAIG AND TRACT	NUMBER OF TRAILERS				SCHOOL BUSES, MINI-BUSES, VA				TOTAL	
(COLUMN	(COLUMN B)				AND LIMOUSINES (COLUMN C)				(COLUMN D)	
					(content c)					
1. (Optional) Under this program you may <u>delete</u> any vehicles in Column A or B above that you have reported on your										
MCS 150 form that are used only in intrastate commerce. (See instructions.)										
2. (Optional) You may add vehicles that (a) have not been shown on the MCS 150 form that are defined as commercial										
motor vehicles operating solely in intrastate commerce; and/or (b) other self-propelled motor vehicles operating in										
intrastate or interstate commerce that:										
 Have a gross vehicle weight rating or gross vehicle weight of 10,000 lbs or less, or a passenger capacity of 10 or less, including the driver; 										
 Are used on the highways in commerce; and To transport passengers or property for compensation. (See instructions for definition of commercial motor vehicle)										
3. Total Number of V	Vehicles (TOTAL	(COL	IIMN D) n	ninus LINI	E 1 plus L	INE 2).				
3. Total Number of Vehicles (TOTAL (COLUMN D) minus LINE 1 plus LINE 2)										
Number of Vehicles	Amount Due	1	Number of	Vehicles	Amoun	t Due		Number of Vel	nicles	Amount Due
0-2	\$39.00		6-2	.0	\$231	.00		101-1000		\$3,840.00
3-5	\$116.00		21-1	00	\$806	.00		1001 or mor	re	\$37,500.00
SECTION 6. FEES DUE – MOTOR CARRIER & MOTOR PRIVATE CARRIER										
Using the number of vehicles in Section 4. Line 3 shove enter the Amount Due from the table shove										
Note: See third page of this pamphlet for the types of payment your selected base state will accept.										\$
SECTION 7. CERTIFICATION										
I, the undersigned, under penalty for false statement, certify that the above information is true and correct and that I am authorized to execute and file										
this document on behalf of the applicant. (Penalty provisions subject to the laws of the registration state.) Name Of Owner Or Authorized Representative (Printed)										Date
Signature							Title			